

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5350

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17		16				
18		16				
19		16				
20		16				
21		16				
22		0				
23	1		1			
24		1		1		
25		1		1		
26		1		1		
27		1		1		
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36	1		1			
37		1		1		
38		1		1		
39		1		1		
40		1		1		
41		1		1		
42		1		1		
43		2		1		
44		2		1		
45		2		1		
46		2		1		
47		2		1		
48		0				
49						
50						
TOTAL IND.		↓	↓	↓		↓
TOTAL DEP.		←	←	←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
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97						
98						
99						
100						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			32			